

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

**Larry Smith DBA Charleston VIP Transportation
L.L.C.**

227629
BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2010 - 320 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Larry Smith

Telephone: 843-735-1221

Address: 1643-b Savannah Hwy Suite # 375

Fax:

Charleston S.C.29407

Other:

Email: Larrysmithnyc@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☒ Application - Class C Taxi

☐ Application - Class C Charter

☐ Application - Class C Charter Bus

☐ Application - Class C Non-Emergency

☐ Application - Class C Stretcher Van

☐ Application - Class E Household Goods

☐ Application - Class E Hazardous Waste

☐ Application

☐ Request for Extension to Comply with Order

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Request for Cancellation of Certificate

☐ Request for Suspension

☐ Request for Reinstatement

☐ Request for Name Change on Certificate

☐ Request to Amend Scope of Authority

☐ Request to Amend Tariff (rate increase, etc.)

☐ Request to Amend Passenger Limit

☐ Request

☐ Exhibit

☐ Late-Filed Exhibit

☐ Letter

☐ Proposed Order

☐ Publisher's Affidavit

☐ Reservation Letter

☐ Response

☐ Return to Petition

☐ Other:

RECEIVED

JAN 13 2011

PSC SC
CLERK'S OFFICE

RECEIVED

JAN 13 2011

PSC SC
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form

CLASS C AMENDMENT FORM

File the original with:	Mail or fax a copy to:
Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815

DATE: 1/13/11

I have the following Certificate:

☐ Class C Taxi # _____ ☒ Class C Charter # 8329 ☐ Class C Charter Bus # _____
☐ Class C Non-Emergency # _____

Please consider this as my request for the following amendment(s) to my Certificate:

☐ Name Change

From: Larry Smith DBA: Charleston V.I.P. Transportation
(Current Name) (Current DBA if applicable)
TO: V.I.P. Transportation L.L.C. DBA: (NA)
(New Name) (New DBA if applicable)

☐ Scope of Authority

From: _____ To: _____
(Current Scope) (New Scope)

☐ Passenger Limit

From: _____ To: _____
(Current Limit Number) (New Limit Number)

V.I.P. Transportation L.L.C. 1643B Savannah Hwy
Name & DBA if DBA is applicable (Street and/or Mailing Address)
Charleston S.C. 29407
(City, State, Zip Code) (Signature)
(843) 735-1221
(Telephone Number) Owner
(Title) Owner, President, etc.

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL, ON FILE IN THIS OFFICE Form

2009

STATE OF SOUTH CAROLINA
SECRETARY OF STATE
ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic
Filing Fee - \$110.00

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws §33-44-202 and §33-44-203.

1. The name of the limited liability company (Company ending must be included in name*)

V.I.P. Transportation L.L.C.

*NOTE: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C." or "LC". "Limited" may be abbreviated as "Ltd.", and "company" may be abbreviated as "Co."

2. The address of the initial designated office of the limited liability company in South Carolina is

1643B Summerfield Hwy Suite #375

Street Address

Charleston S.C.

City

29402

Zip Code

3. The initial agent for service of process is

Larry Smith

Name

[Signature]

Signature of Agent

and the street address in South Carolina for this initial agent for service of process is

4353 Chevot dr

Street Address

N. Charleston S.C.

City

29408

Zip Code

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a) *Larry Smith*

Name

4353 Chevot dr

Street Address

N. Charleston S.C.

City

State

29418

Zip Code

(b) _____

Name

Street Address _____

City _____

091231-0020

FILED: 12/31/2009

V.I.P. TRANSPORTATION L.L.C.

Filing Fee: \$110.00 ORIG



Mark Hammond

South Carolina Secretary of State